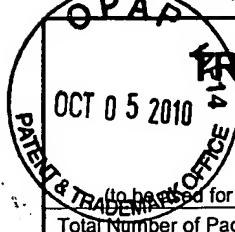


(D)
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number
**TRANSMITTAL
FORM**

OCT 05 2010

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission*

9

Application Number	10/562,277
Filing Date	December 22, 2005
First Named Inventor	Hiroyuki Koyama
Art Unit	2833
Examiner Name	Kyung S. Lee
Attorney Docket No.	YH0023-US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application (with Declaration)
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return postcard, SB/08a & art as indicated |
|---|--|---|
- Remarks: (*Duplicate copies of Fee Sheet, SB08a and SB08b, and copies of Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Tyco Electronics Corporation		
Signature	<i>Marguerite E. Gerstner</i>		
Printed Name	Marguerite E. Gerstner		
Date	September 30, 2010	Reg. No.	32,695

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Marguerite E. Gerstner</i>		
Typed or printed name	Marguerite E. Gerstner	Date	September 30, 2010

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-TO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2010

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1290.00)

Complete if Known

Application Number	10/562,277
Filing Date	December 22, 2005
First Named Inventor	Hiroyuki Koyama
Examiner Name	Kyung S. Lee

Art Unit 2833

Attorney Docket No. YH0023-US

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- | | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

<u>Small Entity</u>
52

<u>Fee (\$)</u>	<u>Fee (\$)</u>
220	110

Multiple dependent claims

<u>390</u>	<u>195</u>
------------	------------

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____

- 20 or HP = _____ x _____ = _____

= _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

= _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 =	_____ / 50 =	(round up to a whole number) x _____ =	_____	_____

4. Other Fee(s)

Non-English Specification, \$130 fee (no small entity discount)

<u>Fees Paid (\$)</u>
N/A

Other (e.g., late filing surcharge): 3-month extension for Reply to Office Action

1110.00

Other (e.g., late filing surcharge): Information Disclosure Statement

180.00

SUBMITTED BY

Signature	Marguerite E. Gerstner	Registration No. (Attorney/Agent) 32,695	Telephone 650-361-2483
Name (Print/Type)	Marguerite E. Gerstner		Date September 30, 2010

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: September 30, 2010 Name (printed): Marguerite E. Gerstner

Signature:

Marguerite E. Gerstner

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL For FY 2010		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ 1290.00)		Application Number	10/562,277
		Filing Date	December 22, 2005
		First Named Inventor	Hiroyuki Koyama
		Examiner Name	Kyung S. Lee
		Art Unit	2833
		Attorney Docket No.	YH0023-US

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) 52 26

Each independent claim over 3 (including Reissues)

Fee (\$) 220 110

Multiple dependent claims

Fee (\$) 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)

Fee Paid (\$) _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

Fee Paid (\$) _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. Other Fee(s)

Non-English Specification, \$130 fee (no small entity discount)

N/A

Other (e.g., late filing surcharge): 3-month extension for Reply to Office Action

1110.00

Other (e.g., late filing surcharge): Information Disclosure Statement

180.00

SUBMITTED BY

Signature	Marguerite E. Gerstner	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Marguerite E. Gerstner	32,695	650-361-2483

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: September 30, 2010 Name (printed): Marguerite E. Gerstner

Signature:

Marguerite E. Gerstner